

MIRIAD Study and Rapid Test Strategies for HIV Testing

Centers for Disease Control and Prevention
Atlanta, Georgia

Objectives of MIRIAD: Mother Infant Rapid Intervention At Delivery

- Evaluate innovative approaches to counseling and voluntary rapid HIV testing for women in labor with unknown HIV status
- Assess feasibility of obtaining informed consent during labor or soon after birth
- Describe reasons for lack of prenatal care
- Assess delivery of ARV prophylaxis to late presenters
- Evaluate neonatal therapy adherence; and receipt of post-natal care for women identified as HIV infected

MIRIAD PROJECT DESCRIPTION

- Limited to institutions with relatively high HIV prevalence among child bearing women
- Five sites in Atlanta, Chicago, Miami, New Orleans, and New York City
- Awarded for 4 years—beginning Oct 99
- First year protocol development and piloting; 2nd and 3rd years expansion to other hospitals in geographic area
- Will link collaboratively with PACTG protocols

MIRIAD: Specimens to be Collected

- Infant blood—cord, neonatal, 2 weeks, 4 weeks, 2 months, 4 months, and 6 months
- Evaluation of rapid HIV testing algorithms
- Virologic sub-studies—nasal/oral suction material for PCR detection of HIV
- Other proposed laboratory studies—
 - Assess ART resistance among infected infants
 - Immunogenetic/virologic factors of infected infants
 - Mechanisms of action of AZT and NVP prophylaxis

MIRIAD: Behavioral Research Issues

- Determine reasons/barriers for lack of prenatal care
- Measure perceived social support and psychosocial assets in mothers
- Assess feasibility of informed consent during labor; and retention post delivery
- Determine factors predicting foster care referral and impact on ART adherence

Voluntary Intrapartum Rapid HIV Testing for Women without Prenatal Care

- Most HIV-positive women deliver in a hospital
- Intrapartum rapid HIV testing for women without prenatal care offers a crucial opportunity for health care intervention for mother and infant
- Such policy appears cost-effective, especially in hospitals with maternal HIV seroprevalence above 0.7% (AJOG 1999;181:1062-1071)
- How best to provide rapid HIV testing and treatment options needs systematic research
- Results from MIRIAD will lead to best-practice recommendations for care of late-registrant women